

To: KDHE Preparedness Program

From: County Health Department Administrator

Date:

Re: Local Public Health Department Plan, SOG, and Location Information Statement of Change

I, _____, the Administrator of the _____ County Public Health Department attest that the _____ County Public Health Department has conducted a review of the following plans, standard operating guides (SOG), and/or location information: *(Please mark all that apply)*

	<i>COOP Plan</i>		<i>Mass Dispensing SOG</i>		<i>POD Location Information</i>
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The administrator has made the following changes to the plans, SOGs, or location information:

<i>No.</i>	<i>Document type:</i>	<i>Date of change:</i>	<i>Page:</i>	<i>Previous wording:</i>	<i>New wording:</i>	<i>Initials:</i>
1						
2						
3						
4						
5						

REMINDER: This statement's function applies only to minor changes that do not affect current processes, procedures, plans of action, or established protocols. In the event tables (contact information or similar) are the subject of the update, please provide a copy of the former table with the new table below the signature portion of this statement.

2. The health department maintains these documents of change as part of their department records. These change requirements are presently on file with _____ County Public Health Department and subject to audit if requested by KDHE Preparedness.
3. The point of contact for this statement is the undersigned.

Signed

Date

Name:

County Public Health Department Administrator

Address:

City, State, ZIP:

Email:

Phone Number: